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PTO/SB/83 (09-03)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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| | |
|------------------------|------------------|
| Application Number | 09/683,711 |
| Filing Date | February 5, 2002 |
| First Named Inventor | Costin et al. |
| Art Unit | 3765 |
| Examiner Name | P. P. Nerbun |
| Attorney Docket Number | TL-FMANU/SCH |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 23,844

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

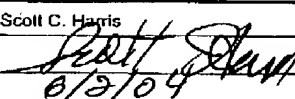
The reasons for this request are: Issues including client's ability to pay for fees and services.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

| | | | | | |
|---|---|-------|----|------------------|--------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Darryl Costin | | | | |
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| Name | Scott C. Harris | | | | |
| Signature |  | | | Registration No. | 32,030 |
| Date | 6/2/04 | | | Telephone No. | 619 823-7778 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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